

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-012646

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

367

Primary Registration District No.

3049

Registrar's No.

75

FILED APR 15 1963

VS 300
Rev. 4/59

10781

20780

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hayti</u> <u>7110</u>		c. CITY OR TOWN <u>Stobler, Mo.</u>	
Length of stay in 1b <u>2 1/2 hours</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF DECEASED (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hayti-Memo. Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>2, mi. East of Stobler</u>	
3. NAME OF DECEASED (Type or print) First <u>Hadie</u> Middle <u>P.</u> Last <u>Russell</u>		4. DATE OF DEATH Month <u>3</u> Day <u>26</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-8-1895</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>	
10a. BIRTHPLACE (City and state or country) <u>Farm City, Ark</u>		10b. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
11a. FATHER'S NAME <u>Anthony Hogue</u>		11b. MOTHER'S MAIDEN NAME <u>Amanda C. Bitter</u>	
12a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>no</u>		12b. SOCIAL SECURITY NO. <u>7-11-1895</u>	
13. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Hypertensive disease</u> DUE TO (b) <u>Hypertensive disease</u> DUE TO (c) <u>Uncontrolled diabetes</u>		14. NAME OF HUSBAND OR WIFE <u>Melt Hogue, Stobler, Mo.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
15. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	16a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	16b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
17c. TIME OF INJURY Hour <u>7:45</u> a.m. <u>9</u> p.m. Month, Day, Year <u>3-26-63</u>	17d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	17e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	17f. CITY, TOWN, OR LOCATION <u>Hayti, Mo.</u>
17g. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		17h. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	17i. CITY, TOWN, OR LOCATION <u>Hayti, Mo.</u>
21. I attended the deceased from <u>3-26-63</u> to <u>3-26-63</u> and last saw her alive on <u>3-26-63</u> Death occurred at <u>7:45 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated:		22a. SIGNATURE (Degree or title) <u>Dr. W. H. Smith</u>	
22b. ADDRESS <u>Hayti, Mo.</u>		22c. DATE SIGNED <u>3-28-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>3-31, 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Stobler Cemetery</u>	23d. LOCATION (City, town, or county) <u>Stobler, Mo.</u>
24. FUNERAL DIRECTOR <u>J. S. Smith, Hayti, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4-4-63</u>	26. REGISTRAR'S SIGNATURE <u>Charlotte E. Sloan</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision!

Student _____
Signature of Student Embalmer

Signed

Jack Kelly

Licensed Embalmer No. 3288

P. O. Address Cornitherville

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.